

DEPARTMENT OF STATE  
EXECUTIVE SECRETARIAT

E-207B

## ACTION SLIP

UNCLASSIFIED

S/S CONTROL NUMBER

8016847 R

*Unclass*

(Attachment Classification)

ACTION ASSIGNED TO: ONE / MEDATE: 8-4

(Action Office Instructions on Reverse)

## ACTION REQUESTED

 STATE TO NSC MEMO  
 STATE TO with Draft reply for signature  
by \_\_\_\_\_ with Comment or Recommendation DIRECT REPLY provide info copy under cover  
of State-NSC transmittal form  
 provide comeback copy  
for \_\_\_\_\_ REPLY FOR SIGNATURE  
BY H RECOMMENDATION FOR with Memorandum for the President APPROPRIATE HANDLING FOR YOUR INFORMATION

CLEAR WITH:

DUE IN S/S BY: 8/8

## REMARKS/SPECIAL INSTRUCTIONS:

*Congressional.*

<input type="checkbox"/>	S	UNA
<input type="checkbox"/>	D	S/AR
<input type="checkbox"/>	P	S/AS
<input type="checkbox"/>	E	S/ES
<input type="checkbox"/>	T	S/MS
<input type="checkbox"/>	M	S/P
<input checked="" type="checkbox"/>	C	S/CPR
<input type="checkbox"/>	S/S	S/IG
<input type="checkbox"/>	S/S-O	S/IL
<input type="checkbox"/>	S/S-EX	S/PTA
<input checked="" type="checkbox"/>	S/S-S	S/R
<input type="checkbox"/>	TEAM A	S/SLG
<input type="checkbox"/>	TEAM B	D/LOS
<input checked="" type="checkbox"/>	TEAM C	M/CT
<input type="checkbox"/>	TEAM D	M/DG
<input checked="" type="checkbox"/>	S/S-I (RF)	M/EEO
<input type="checkbox"/>		M/FLO
<input type="checkbox"/>		M/MO

<input type="checkbox"/>	A	CA
<input type="checkbox"/>	D	EB
<input type="checkbox"/>	E	H
<input type="checkbox"/>	F	HA
<input type="checkbox"/>	G	INM
<input type="checkbox"/>	H	INR
<input type="checkbox"/>	I	IO
<input type="checkbox"/>	J	L
<input type="checkbox"/>	K	OES
<input type="checkbox"/>	L	PA
<input type="checkbox"/>	M	PM

DEPARTMENT OF STATE	IS/FPC/CDR
<input checked="" type="checkbox"/> RELEASE	<input type="checkbox"/> DECLASSIFY
<input type="checkbox"/> EXCISE	<input type="checkbox"/> DECLASSIFY
<input type="checkbox"/> DENY	<input type="checkbox"/> IN PART
<input type="checkbox"/> DELETE	<input type="checkbox"/> FOIA Exemptions
<input type="checkbox"/> FOIA Exemptions	<input type="checkbox"/> PA Exemptions
<input type="checkbox"/> FOIA Exemptions	<input type="checkbox"/> CLASSIFY as
<input type="checkbox"/> FOIA Exemptions	<input type="checkbox"/> DOWNGRADE

MR Cases Only  
EO Citation

*8-1-88*

UNCLASSIFIED

UNCLASSIFIED

IN NAME  
B L C D  
31522 28338 28348 28062

ATTACH THIS ACTION SLIP TO ANY SUBMISSION TO S/S